

TOWN OF GRANBY  
APPLICATION FOR CERTIFICATE OF OCCUPANCY

INSTRUCTIONS: Please complete all sections using ink. Please print legibly. Incomplete applications could result in delays or denial of application

**SECTION 1 - Site Information:**

**1.1 Property Address:**

**1.2 Assessors Map, Block, Number:**

**1.3 Zoning District:**

**1.4 Property Dimensions:**

Area:  Frontage:  Front:  Rear:  Right:  Left:  % Lot Coverage:

**1.5 Building Setbacks:**

**1.6 Water Supply:**

☐ Public ☐ Private

**1.7 Sewage Disposal System:**

☐ Municipal ☐ On Site Disposal System

**1.8 Flood Zone:**

Flood Zone Map:

**SECTION 2 - Property Ownership/Authorized Agent:**

**2.1 Owner of Record:**

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

**2.2 Authorized Agent:**

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

**SECTION 3 - Construction Services:**

**3.1 Licensed Construction Supervisor:**

License Number

Expiration Date

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

☐ Not Applicable

**3.2 Registered Home Improvement Contractor:**

License Number

Expiration Date

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

☐ Not Applicable

**SECTION 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 s.25 C(6)):**

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached?

☐ Yes☐ No**SECTION 5 - Description of Proposed Work (check all applicable):**☐ New Construction ☐ Addition ☐ Other (specify)☐ Existing Building ☐ Accessory Building ☐ Demolition☐ Alteration(s) ☐ Repair(s)

Proposed Use:

Remarks:

**SECTION 6 - Building Detail:**☐ Fire Suppression Installed

Stories:

Width:

Length:

Height:

Area:

Volume:

No. of Dwelling Units:

☐ Fire Suppression Proposed

Building Description:

Existing  
Use Group:Proposed  
Use Group:Existing  
Hazard Index:Proposed  
Hazard Index:Construction  
Type:**SECTION 7 - Estimated Construction Costs:**

Building: Electrical: Plumbing: Mechanical: Fire Protect: Total Cost:

Permit Fee:

For Official  
Use Only:**SECTION 8 - Owner Authorization. To Be Completed When Owners Agent or Contractor Applies For Building Permit:**

I, \_\_\_\_\_, as Owner of the above subject property hereby authorize

\_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit.

Signature:

Date:

**SECTION 9 - Owner/Authorized Agent Declaration:**

I, \_\_\_\_\_, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.  
Signed under the pains and penalties of perjury.

Signature of Owner/Agent:

Date:

**SECTION 10 - Approval Status: ( For Official Use Only. )**

Application Date:

Status Date:

☐ Approved☐ Denied☐ Pending☐ Abandoned☐ In Part☐ Voided

Remarks:

Permit Number:

Print Inspector Name:

Signature of Inspector:

Date: